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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/623,868
Filing Date	July 22, 2003
First Named Inventor	Edward COCCIADIFERRO et al.
Art Unit	3654
Examiner Name	Sang K. Kim
Total Number of Pages in This Submission	4
Attorney Docket Number	034017R009

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Smith, Gambrell & Russell LLP		
Signature			
Printed Name	Dennis C. Rodgers		
Date	February 20, 2007	Reg. No.	32,936

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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		Date	

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PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2006

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT****\$415.00****Complete if Known**

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METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Other None Order
 Deposit Account:

Deposit Account Number

02 - 4300

Deposit Account Name

SMITH, GAMBRELL & RUSSELL

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
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-
- Charge any additional fee(s) or any underpayment of fee(s)
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE****Large Entity Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)**- 0 -****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims	Fee from below	Fee Paid	
	-20 **	= 0	X 50.	= 0	
Independent Claims	3	= 0	X 200.	= 0	

Fee from below	Fee Paid
X 300	= 0

SUBTOTAL (2)**0**

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES**Large Entity Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)**0**

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)**\$415.00****SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Dennis C. Rodgers	Registration No. (Attorney/Agent)	32,936	Telephone	202 263 4300
Signature				Date	February 20, 2007

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